



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E385381**

| | | |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

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|--------------------|
| TRIBAL RESERVATION |
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| | |
|---------------------|-----------------|
| CASE # | 14-03116 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 02 |
| OBJECT STRUCK | |

| | | | | | | | |
|-------------------|-------------------------------------|-------------|-------------|----------|-----------|-------|---|
| DATE OF COLLISION | 12 - 16 - 2014 | TIME (2400) | 0526 | COUNTY # | 31 | MILES | N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF 0664 |
|-------------------|-------------------------------------|-------------|-------------|----------|-----------|-------|---|

| | | |
|--------------------------|---------------------------------------|---|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| 20TH STREET SE | | BLOCK NO. <input checked="" type="checkbox"/> 9000 |
| | | MILE POST <input type="checkbox"/> |

| | | | | |
|----------|----------------------|---|--------------------------------|-----------------------|
| DISTANCE | 100 00 | MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input checked="" type="checkbox"/> | OF (REFERENCE OR CROSS STREET) | 91ST AVENUE SE |
|----------|----------------------|---|--------------------------------|-----------------------|

| | | | | | |
|---------|---|--------------------------------------|--|-------|----------------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE | D: 4257910672 |
|---------|---|--------------------------------------|--|-------|----------------------|

| | | | | | |
|-----------|---------------|------------|----------------|----------------|----------|
| LAST NAME | SURYAN | FIRST NAME | BRADLEY | MIDDLE INITIAL | E |
|-----------|---------------|------------|----------------|----------------|----------|

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|--------------------|-----------------------------|
| STREET NEW ADDRESS | 1114 135TH AVENUE SE |
|--------------------|-----------------------------|

| | | | | | |
|------|------------------|----|-----------|-----|--------------|
| CITY | SNOHOMISH | ST | WA | ZIP | 98290 |
|------|------------------|----|-----------|-----|--------------|

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|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

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|--------------------|---------------------|-------|-----------|-----|----------|--------|-------------------------------------|
| DRIVER'S LICENSE # | SURYABE190MT | STATE | WA | SEX | M | D.O.B. | 07 - 30 - 1981 |
|--------------------|---------------------|-------|-----------|-----|----------|--------|-------------------------------------|

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--|--------------|----------|--------------------|--|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--|--------------|----------|--------------------|--|

| | | | | | |
|-----------------|----------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | B18893F | STATE | WA | VIN# | JT4RN62D8K0246180 |
|-----------------|----------------|-------|-----------|------|--------------------------|

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|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | | | | | | | | | | | |
|-----------|-------------|------|-------------|-------|-------------|-------|-----------|---------------|---|----------|--|---------------|---|
| VEH. YEAR | 1989 | MAKE | TOYT | MODEL | 4RUN | STYLE | UT | VEHICLE TOWED | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TOWED BY | | GOVT. VEHICLE | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|-----------|-------------|------|-------------|-------|-------------|-------|-----------|---------------|---|----------|--|---------------|---|

| | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| REGISTERED OWNER INFO. OWNED BY DRIVER | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|

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|---|-------------------------|----------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | MIDDLESEX 474650897 |
|---|-------------------------|----------------------------|

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|--|------------|--|--------|--|
| VEHICLE LEGALLY STANDING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CITATION # | | CHARGE | |
|--|------------|--|--------|--|

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|---------|---|--------------------------------------|-------------------------------------|---|--|-------|--|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|--|

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|-----------|---------------|------------|--------------|----------------|----------|
| LAST NAME | THOMAS | FIRST NAME | LOREN | MIDDLE INITIAL | S |
|-----------|---------------|------------|--------------|----------------|----------|

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|--------------------|-------------------------|
| STREET NEW ADDRESS | 11527 15TH PL SE |
|--------------------|-------------------------|

| | | | | | |
|------|---------------------|----|-----------|-----|------------------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982587934 |
|------|---------------------|----|-----------|-----|------------------|

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|-----|--|--------------|----------|--------------|--|
| CDL | | RESTRICTIONS | J | ENDORSEMENTS | |
|-----|--|--------------|----------|--------------|--|

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|--------------------|---------------------|-------|-----------|-----|----------|--------|-------------------------------------|
| DRIVER'S LICENSE # | THOMALS170R6 | STATE | WA | SEX | M | D.O.B. | 12 - 26 - 1983 |
|--------------------|---------------------|-------|-----------|-----|----------|--------|-------------------------------------|

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--|--------------|----------|--------------------|--|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--|--------------|----------|--------------------|--|

| | | | | | |
|-----------------|----------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | AKS1683 | STATE | WA | VIN# | 1NXBR12E0YZ328693 |
|-----------------|----------------|-------|-----------|------|--------------------------|

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|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | | | | | | | | | | | |
|-----------|-------------|------|-------------|-------|--------------|-------|-----------|---------------|---|----------|--|---------------|---|
| VEH. YEAR | 2000 | MAKE | TOYT | MODEL | COA4D | STYLE | 4D | VEHICLE TOWED | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TOWED BY | | GOVT. VEHICLE | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|-----------|-------------|------|-------------|-------|--------------|-------|-----------|---------------|---|----------|--|---------------|---|

| | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| REGISTERED OWNER INFO. OWNED BY DRIVER | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|

| | | |
|---|-------------------------|-------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | GEICO 4105920682 |
|---|-------------------------|-------------------------|

| | | | | |
|--|------------|--|--------|--|
| VEHICLE LEGALLY STANDING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CITATION # | | CHARGE | |
|--|------------|--|--------|--|

| | | | | | |
|------------------------|----------------------|---------------|------------|--------|------------------|
| OFFICER'S NAME (PRINT) | R. RUTHERFORD | BADGE OR ID # | 130 | AGENCY | WA0311900 |
|------------------------|----------------------|---------------|------------|--------|------------------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E385381**

CASE # **14-03116**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | |
|---------------------------------------|----------------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--------------------|-----------------|--------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |

NARRATIVE

On 12/17/2014 I responded to a two vehicle non-injury/ non blocking collision. I contacted both parties who reported the following. Vehicle 1 is following vehicle 2 W/B on 20th Street SE Avenue SE. Vehicle two comes upon a slower vehicle in the inside lane. Vehicle 2 goes around the slower vehicle in the outside lane and begins to merge back into the inside lane. The outside lane ends and vehicles have to merge into the inside lane as 20th Street SE becomes a one lane road westbound. Driver of vehicle 2 said that vehicle 1 attempted to pass in the ending merge lane and drives onto the curb. The rear of vehicle 1 strikes the R/F of vehicle 2. Both drivers claim that the other was driving excessively fast.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

12-18-14 05:28 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

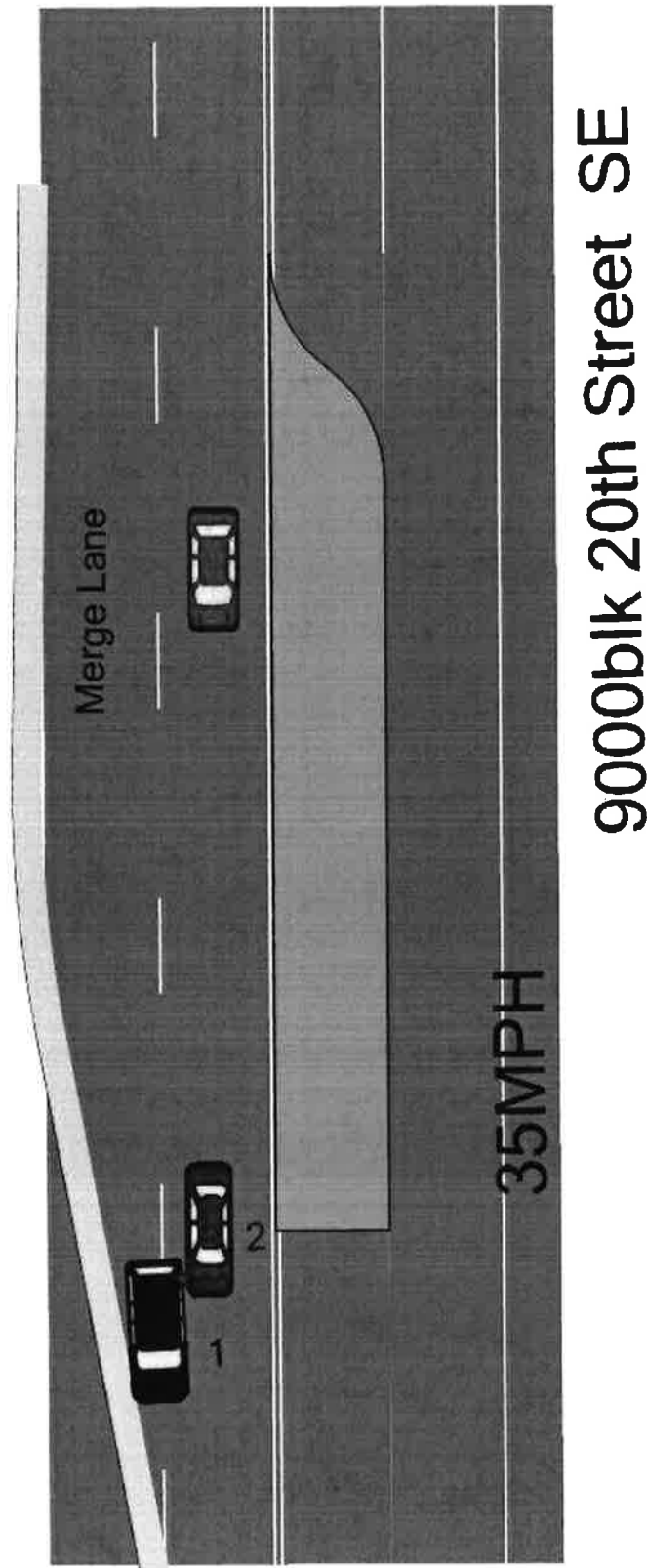
BOB SUMMERS 079

12/20/2014 8:28:25 PM

| | | | | | | | |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|
| BADGE OR ID # | 130 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 5:28 AM | TIME POLICE ARRIVED | 5:35 AM |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|



NOT TO SCALE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03116



VICTIM / WITNESS

| | | | | | | | | | | |
|--|---|-----------------------------------|-----|-----|--|------------------|---------------------|-------------|------|------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) <i>Sergan Bailey</i> | RACE <i>W</i> | ETH | SEX | DOB <i>7/30/81</i> | AGE <i>33</i> | HGT | WGT | HAIR | EYES |
| STREET ADDRESS <i>1174 135th Ave SE</i> | | CITY <i>Shoreline</i> | | | STATE <i>WA</i> | | ZIP <i>98148</i> | RES. STATUS | | |
| HOME PHONE <i>425-791-0672</i> | | CELL PHONE <i>425-791-0672</i> | | | PLACE OF EMPLOYMENT <i>31st emp</i> | | | | | |
| WORK PHONE | | EMAIL ADDRESS | | | | | | | | |

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was Driving down 20th St
when a lil, Red car, pass me, and a
nother v car, he get's in front of me and
hit's his Brake's I, swerved went around
the car, and hit the curb, then car's bumped
in the front part of our cars/truck, I Ask
him - y- he hit the Brake's and he said
he was doing 50+ mph and I was fin to
slow down he said,

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|--------------------------------|--------------------------------|--------------------------------------|
| SIGNATURE: <i>Bailey</i> | DATE SIGNED <i>12/16/14</i> | LOCATION SIGNED <i>20th St</i> |
| OFFICER/NUMBER: <i>Ruby</i> | DATE SIGNED <i>12/16/14</i> | LOCATION SIGNED <i>LL Stevens</i> |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03116

VICTIM / WITNESS

| | | | | | | | | | | |
|---|--|--|-----|--------------------|------------------------|---|---------------------|-------------------|-------------------|-------------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) LOREN THOMAS | RACE W | ETH | SEX M | DOB 12/26/83 | AGE 30 | HGT 6'200 | WGT 180 | HAIR BR | EYES BR |
| STREET ADDRESS 11577 15th Pl SE | | CITY LK Stevens | | STATE WA | | ZIP 98258 | | RES. STATUS | | |
| HOME PHONE 425 870 8072 | | CELL PHONE | | | | PLACE OF EMPLOYMENT Stateside power | | | | |
| WORK PHONE | | EMAIL ADDRESS BUMPERLT@GMAIL.COM | | | | | | | | |

I, **LOREN THOMAS**, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was pas I sped up to pass a slow driving vehicle, went into the far right lane to pass. once I passed I slowed down. Then I noticed a driver behind me that appeared to have also tried to go around him, but didn't appear to be slowing down as I had. Once he noticed he locked his brakes up and swerved onto the curb, still going fast enough to pass me, and he over corrected back onto the road and his rear bumper side swiped my pass. door, fender, wheel, and front bumper.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

[Signature]

DATE SIGNED

12/16/14

LOCATION SIGNED

Lake Stevens

OFFICER/NUMBER:

111-stevens

DATE SIGNED

12/16/14

LOCATION SIGNED

Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

| | | | | | | | | |
|---|--|--|---|--|--|--------------------------------|--|--|
| LAKE STEVENS POLICE EVIDENCE UNIT | | | Primary Officer/Badge Number <i>Cuthbert 4130</i> | | | Case Number <i>14-03116</i> | | |
| Type of Crime: Felony / Misdemeanor (Circle) | | | Type of Case: <i>Collision</i> | | | Date/Time: <i>12/16/14</i> | | |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | | *Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification | | | | | |

| | | | | | | |
|--|---|----------------------------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item <i>CD</i> | Brand Name <i>Compucessor</i> | | | Storage Location | Disposition |
| | Brand/Model/Caliber <i>(Further Description)</i> <i>Collision PICS.</i> | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|--|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber <i>(Further Description)</i> | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|--|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber <i>(Further Description)</i> | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|--|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber <i>(Further Description)</i> | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|--|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber <i>(Further Description)</i> | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

Evidence Control Use Only:

| | | | | |
|-------------------------|--|-------|--------------------|---|
| Received by Evidence: | NCIC/WACIC <input checked="" type="checkbox"/> | Date: | CAD/RMS Checked | ROUTING: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SPD ORIGINAL </div> |
| Name: _____ # _____ | NCIC/WACIC + | Date: | Owner Letter Sent: | |
| Date: _____ Time: _____ | NCIC/WACIC - | Date: | Owner Letter Sent: | |

Incident History for: #SSI4024848

Case Numbers: \$SSI4003116

Entered 12/16/14 05:27:59 BY SPCT01 SP0395
Dispatched 12/16/14 05:28:28 BY SPDP17 SP0367
Enroute 12/16/14 05:28:28
Onscene 12/16/14 05:35:27
Closed 12/16/14 06:02:13

Initial Type: DIST Initial Alarm Level: Final Alarm Level:

Final Type: DIST (DISTURBANCE) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1318 Map Page: 397D-4 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/88 AV SE ,LKS (V)

Loc Info: ON 20 ST

Name: PELLAND, LACEY

Addr: WITNESS

Phone: 4257605374

/0527 (SP0395) ENTRY , CC, JO, MAR TOYT COROLLA VS BLK TOYT 4RUNNER ,
OTHER DRIVER VERBAL
/0528 (SP0367) DISPER 19N3 #SS133 HEINEMANN, OFFICER (GAVIN)
/0528 ASSTER 19N1 #SS130 RUTHERFORD, OFCR (RICH)
/0528 (SP0395) SUPP TXT: NON INJ, NON BLKING
/0528 (SP0367) ASSTER 19S12 [20 ST SE/88 AV SE ,LKS]
#SS79 SUMMERS, SGT (ROBERT)
/0529 (SP0375) SUPP LOCI: WB 20 ST SE,
NAM: PELLAND, LACEY,
ADR: WITNESS,
PHO: 4257605374,
TXT: AC, NOW, AGGRESSIVE DRIVING, DRK GRY PC, PO
SS 4 RUNNER
/0529 (SP0395) SUPP NAM: THOMAS, LOREN,
PHO: 4258708072
/0535 (SP0261) ONSCNE 19N1
/0537 (*****) REMINQ 19N1 AKS1683
/0537 (SP0261) REMINQ 19N1 LIC, 19N1, AKS1683, , ,
/0537 (*****) REMINQ 19N1 B18893F
/0537 (SP0261) REMINQ 19N1 LIC, 19N1, B18893F, , ,
/0538 ONSCNE 19N3
/0538 \$PREMPT 19S12
/0542 OK 19N1
/0542 OK 19N3
/0545 (SP0367) ASSTOS 19S12 [20 ST SE/88 AV SE ,LKS]
#SS79 SUMMERS, SGT (ROBERT)
/0545 OK 19S12
/0549 CLEAR 19S12
/0553 ASNCAS 19N1 \$SSI4003116
/0600 (SS133) CLEAR 19N3
/0602 (SP0367) CLEAR 19N1 D/H
/0602 CLOSE 19N1

PD
FINAL